

**STATE OF CALIFORNIA, BOARD FOR GEOLOGISTS AND GEOPHYSICISTS  
VERIFICATION OF LICENSURE**

**To request an official signed and sealed document verifying your license to be sent to another state, please complete this form and submit form to the address below. Please contact the State in which you are licensed to obtain their license verification fee.**

**TO BE COMPLETED BY APPLICANT:**

NAME AND ADDRESS OF BOARD COMPLETING THIS FORM

Name of Applicant

Street of Address

City, State, Zip

Social Security Number

Date

**LICENSE #:** \_\_\_\_\_

**DISCIPLINE:** \_\_\_\_\_

**TO BE COMPLETED BY AFFILIATED STATE BOARD:**

**LIST ALL REGISTRATIONS**

THE ABOVE NAMED PERSON HAS A CERTIFICATE OR WAS LICENSED AS:

Branch of Licensure or Certification	Number	Date Issued	Valid Until
Professional Geologist			
Professional Geophysicist			
Certified Engineering Geologist			
Certified Hydrogeologist			

**BASIS OF REGISTRATION:**

1. ☐ **Written Examination**

Hours

ASBOG?  
Yes or No

Score

Exam Date

\*Fundamentals of Geology

\_\_\_\_\_

☐ ☐

\_\_\_\_\_

\_\_\_\_\_

\*Practice of Geology

\_\_\_\_\_

☐ ☐

\_\_\_\_\_

\_\_\_\_\_

Professional Geophysicist

\_\_\_\_\_

☐ ☐

\_\_\_\_\_

\_\_\_\_\_

Certified Engineering Geologist

\_\_\_\_\_

☐ ☐

\_\_\_\_\_

\_\_\_\_\_

Certified Hydrogeologist

\_\_\_\_\_

☐ ☐

\_\_\_\_\_

\_\_\_\_\_

\*Fundamentals of Geology Examination Accepted from \_\_\_\_\_

\*Practice of Geology Examination Accepted from \_\_\_\_\_

2. ☐ **Oral Examination**

3. ☐ **Comity With:** \_\_\_\_\_

4. ☐ **Education and Experience**

5. ☐ **Other:** Please give full details on other side of this sheet.

Any Disciplinary Action Taken? ☐ No ☐ Yes (Please explain on reverse)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ (Board Seal)